



**STILLWATER COUNTY
OFFICE OF SHERIFF/CORONER**

P.O. Box 729
Columbus, MT 59019-0729
(406) 322-5326
Administrative: (406) 322-4386
FAX: (406) 322-5328
E-Mail: sheriff@cablemt.net



Clifford D. Brophy, Sheriff/Coroner

W.G. Claunch, Undersheriff/Deputy Coroner

PROCEDURE FOR MAKING APPLICATION FOR CONCEALED WEAPONS PERMIT

The following items are listed for your convenience to help facilitate the processing of your application. This list may not be all inclusive and should only serve as a guide. You may wish to review certain Montana laws that pertain to your concealed weapons permit. Some of these laws are Montana Code Annotated 45-8-321 through 328 inclusive.

You must:

1. Be a resident of the State of Montana for a least six months and live within Stillwater County.
2. It is **REQUIRED BY LAW** that you complete a certified firearms safety course before an application is submitted. Copy of certificate or other document showing proof of firearms training, e.g. hunter safety course, NRA approved course, law enforcement civilian training program, military firearms training, or possession of a concealed weapon permit from another state requiring the same documentation.
3. Applications for a Concealed Weapons Permit will be taken by appointment only. You may schedule an appointment with the Administrative Assistant by calling 322-4386.
4. Applications will be taken on Tuesday, Wednesday and Thursday between the hours of 8:30 A.M. and 10:30 A.M. and the hours of 1:30 P.M. and 3:30 P.M.
5. Return the completed Concealed Weapons Permit application form in triplicate (1-original and 2 copies). **DO NOT SIGN** until you are seen for your appointment. If you do not bring the correct amount of copies, you will be charged an additional \$2 fee.
6. The application fee for a new Concealed Weapons Permit is \$50 fee and the renewal fee is \$25. Please bring exact cash or a personal check made payable to the Stillwater County Sheriff's Office.
7. You may be requested to submit to fingerprinting which will cost an additional \$5.00.
8. Please allow approximately 2-3 weeks for approval of your permit. A permit is good for four (4) years. You will not be reminded of your permits expiration.
9. **RENEWALS:** Please be informed that renewals are handled in the same manner as the new application. Photographs will be retaken.

STATE OF MONTANA
CONCEALED WEAPON PERMIT APPLICATION

Must be completed by each person making application:

Resident of Montana at least six (6) months ☐ Yes ☐ No

Citizen of the United States ☐ Yes ☐ No

Eighteen (18) years of age or older ☐ Yes ☐ No

PLEASE TYPE OR PRINT

Full Name: _____

Last First Middle

Alias/Maiden/Nickname: _____

Address Home: _____
Street City State Zip

Work: _____
Street City State Zip

Phone: _____
Home Employer Message

Place of Birth _____ Date of Birth: _____

Driver's License #: _____ Issuing State: _____

Social Security #: _____ Male or Female (circle one)

Height: _____ Weight: _____ Eyes: _____ Hair: _____

LIST EACH FORMER EMPLOYER OR BUSINESS ENGAGED IN FOR THE PAST FIVE (5) YEARS:

	Employer or Business Name	Address	Dates of Employment
1.			
2.			
3.			
4.			
5.			

LIST EACH FORMER PLACE OF RESIDENCE:

	Street	City	State	Zip
1.				
2.				
3.				
4.				
5.				

MILITARY SERVICE, BRANCH: _____ FROM: _____ TO: _____

TYPE OF DISCHARGE: _____ RANK UPON DISCHARGE: _____

HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF A CRIME OR FOUND GUILTY IN A COURT MARTIAL PROCEEDING: (___) Yes (___) No

IF YES, COMPLETE THE FOLLOWING (exception: minor traffic violations; attach additional sheets if necessary):

	City	State	Charges	Date
1.				
2.				
3.				
4.				
5.				

LIST THREE PERSONS WHOM YOU HAVE KNOWN FOR AT LEAST FIVE (5) YEARS THAT WILL BE CREDIBLE WITNESSES TO YOUR GOOD MORAL CHARACTER AND PEACEABLE DISPOSITION. (Do not include relatives or present/past employers).

	Name	Street Address/City/State	Phone
1.			
2.			
3.			

IN COMPLETE DETAIL, PLEASE EXPLAIN YOUR REASONS FOR REQUIRING A CONCEALED WEAPON PERMIT. (Attach additional sheet(s) if necessary).

I, the undersigned applicant, swear that the foregoing information is true and correct to the best of my knowledge and belief and is given with the full knowledge that any misstatement contained herein may be sufficient cause for denial or revocation of a permit to carry a concealed weapon. I hereby authorize any person having information concerning me that relates to the information requested by this application and the requirements for a concealed weapon permit either public record or otherwise, to furnish it to the Sheriff or whom this application is made.

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Applicant Signature	Date

This application MUST BE signed in the presence of the Sheriff or his designee.